

Hepatitis A

The Disease

Hepatitis A is a highly contagious liver infection caused by the Hepatitis A virus (HAV). Like other Hepatitis viruses, HAV causes the liver to become inflamed which affects its ability to function properly. The incubation period for Hepatitis A is 15-50 days with an average time of 28 days. Infection has been shown to be spread by:

- Contaminated water or food
- Infected food handlers
- A breakdown in usual sanitary conditions due to floods or natural disasters
- Ingestion of raw or undercooked shellfish (oysters, clams, mussels) from contaminated waters
- International travel to developing areas
- Institutionalized children and adults
- Children in day-care centers that have not been toilet trained
- Blood transfusions or sharing needles with infected people

The Vaccine

The best way to protect yourself is with a Hepatitis A vaccine. Havrix, (a hepatitis vaccine) is a noninfectious vaccine that contains a sterile suspension of inactivated virus. It has been tested extensively for safety. A high percentage of healthy adults who receive one dose of Havrix, and then a booster dose 6 months after the first dose, develop antibodies against the hepatitis virus. Possible side effects from the vaccine include redness and swelling at the injection site, fatigue, fever, loss of appetite and nausea. The incidence of mild side effects is low, however, as with most vaccines, there is a rare chance that serious problems or even death could occur after receiving the vaccine.

The Havrix vaccine is not recommended during pregnancy, or for nursing mothers. It is not recommended for people with bleeding disorders. Immunization should be delayed for anyone with a febrile illness, except, when in the opinion of the Healthcare Provider, withholding the vaccine entails the greater risk.

I have read, or have had explained to me, the above information about the Hepatitis vaccine. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of this vaccine.

Vaccine to be given: Havrix (Hepatitis A) ()

Please print:

Name _____ Birthdate ____ / ____ / ____

Signature of person to receive vaccine: _____ Date ____ / ____ / ____

FOR CLINIC USE ONLY:
ASIOM, MSFC, AL 35812

#1. Vaccine Mfn, Lot #, Exp. Date _____

Site of Injection _____

Signature and Title of Vaccine Administrator _____

#2. Vaccine Mfn, Lot #, Exp. Date _____

Site of Injection _____

Signature and Title of Vaccine Administrator _____

VIS CDC Pub. 8-4-04 Given